

## TMS EXPERIMENTAL SHEET

Subject: \_\_\_\_\_ Experimenter: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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*Record any important notes happening during experiment that would help interpret the results later on.*

TMS intensity: \_\_\_\_\_ Motor Threshold: \_\_\_\_\_ Brainsight project: \_\_\_\_\_

Brief explanation of the experiment: